U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is manclatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 567, 9	2. Fiscal Year Covered From:			
	1 / 1 / 2005 Through: 12 / 31 / 2005			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Timothy J Gillespie	Name Transport Workers Union			
	Labor Organization File Number 000-218			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 5355 Hibbs Drive	Street 1700 Broadway, Second Floor			
City Fort Worth	City New York			
State Texas ZIP Code + 4 76137	State New York ZIP Code + 4 1.0019			
5. Position in labor organization. International Representative				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name American Airlines, Inc.	Al2 pass for air travel. See Attached. Part 7a and 7b			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street 4333 Amon Carter Blvd				
City Fort Worth	A spy year this diverse, name of wards accord with Artic (polytopole strength to the act and act of all Artic (polytopole strength to the act and act of all Artic (polytopole strength).			
State Texas ZIP Code + 4 76155				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Signed	On /-/3 -06 212-259-4900			
Form I M 30 (2003)	Date Telephone Number			

Name of Person Filing Timothy Gillespie	F	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Rcom No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
	40 - 4				
	12.b, Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name	Accountant of the Control of the Con				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				



Air Transport Division



RE:

LM30 Attachment - Section 7a and 7b

LABOR:

000-218

From:

Timothy Gillespie, Special Project Fleet Service

Date:

January 13, 2006

A12 Pass Holders

Transport Workers Union

1791 Hurstview Dr Hurst,, TX 76054

Office: 817-282-2544 Fax: 817-282-1906 Email: info@twuatd.org

Answer to Question 7A – Asking for the Nature of the Interest, Transaction, or Income

An A12 pass for airline travel, which permits me to fly at the reduced employee rate on American Airlines and to hold seats on those flights at that rate rather than traveling only on a space available basis (which is the standard travel benefit that American extends to its employees).

Answer to Question 7B - Requesting the Amount of the Interest, Transaction or Income

I used the A12 pass approximately I time a month in 2005. As I would have been eligible to travel on those flights at reduced rates as an American employee provided there was space available, it is not possible to provide a reasonable estimate of the value of that travel at this juncture.

Signed

Timothy Gillespie

on 1-13-06